

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 11/21/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2014
NAME OF PROVIDER OR SUPPLIER ARMA CARE CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 605 EAST MELVIN ST PO BOX 789 ARMA, KS 66712		
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F 000	INITIAL COMMENTS	F 000			
F 242 SS=E	<p>The following citations represent the findings of a Health Resurvey.</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 26 residents. Based on observation and interview, the facility failed to allow 4 residents, identified by the facility as smokers, to smoke free in an environment of inclement weather.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the resident council notes, dated 1/08/14, identified a complaint during the council minutes, by one of the smoking residents regarding the outside temperatures being too cold to smoke out of doors. Review of the additional notes, lacked identification of follow-up. <p>On 11/12/14 at 11:16 AM, resident # 16 reported when questioned about activities the resident reported that during activities and dining the smokers going in and out of the dining room patio door which caused the dining room to become really cold.</p> <p>On 11/13/14 at 9:30 AM, observation identified the dining room patio doors standing open for</p>	F 242			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 242	<p>Continued From page 1</p> <p>several minutes. The room cooled down significantly very quickly with the doors standing open. Observation identified 2 alert, oriented, and independently mobile residents propelling their wheel chairs outside then attempting to close the doors. Observation identified the 2 residents bundled in heavy coats, gloves and a hood and/or cap, to smoke. The area was an open patio, with a roof, however, lacked a wall to block the wind. Review of the temperature checked on the weather report, at that time, identified the temperature at 21 degrees with a slight breeze. The 2 unsampled residents, both reported they smoked outside because the indoor smoke room had been closed for a long time.</p> <p>On 11/13/14 at 9:40 AM interview with maintenance staff F reported the indoor smoke room had been closed since the staff member began working at the facility, over a year ago, due to the remodel. When asked what still needed completion in the smoking room, the staff member reported they thought that as long as the facility designated a smoking area outdoors, that would be sufficient. The staff further identified the room needed cleaned out of the painting supplies and the exhaust vent cleaned, then the room would be ready for use, by the residents. Staff F reported the facility had not planned to open the area until the residents moved to the remodeled area. The staff identified 4 current residents of the facility smoked and went outdoors onto the covered patio and indicated they usually went outside to smoke multiple times daily.</p> <p>The facility failed to ensure the 4 resident's who chose to smoke, were allowed to do so, in an environment free of inclement weather, and failed to reopen the remodeled smoking room, in a timely manner.</p>	F 242			

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F 248 F 248 SS=D	<p>Continued From page 2</p> <p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 26 residents with 12 selected for sample review. Based on observation, interview, and record review, the facility failed to provide an activity program to meet the needs of 2 residents (# 29 and 18), of 3 reviewed.</p> <p>Findings included:</p> <p>- The facility admitted resident # 29 on 10/29/13, per the ECR (electronic care record).</p> <p>Diagnosis from the ECR (electronic clinical record) included:</p> <p>End stage renal disease (a terminal disease because of irreversible damage to the kidneys), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), and blindness.</p> <p>The resident's annual 9/25/14 MDS (minimum data set) assessment, identified the resident scored 15/15 on the BIMS (brief interview for mental status) assessment, indicated intact cognitive status, and identified the resident had no mood or behavioral concerns. The activity preference assessment identified, as very important to the resident, to choose what clothes to wear, to care for and have personal</p>	F 248 F 248			

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F 248	<p>Continued From page 3</p> <p>belongings, to have a choice regarding bathing, having snacks available between meals, to choose his/her own bedtime, to have privacy for phone conversations, to keep personal items safe, to have books/magazines available, to listen to music, to keep up with the news, to do things with groups of people, and to do favorite activities. Additionally, the resident reported, as somewhat important, to participate in religious services, go outside, and/or to be around animals. The Functional Status assessment identified the resident needed limited assistance or supervision with most ADL's (activities of daily living), however, the resident needed extensive assistance for mobility, and used a cane/crutch and/or wheelchair for mobility. The assessment identified the resident received renal dialysis and included the resident was severely impaired of vision.</p> <p>The 9/25/14 CAA (care area assessment) for visual function identified the resident as blind in both eyes, required assistance in maneuvering new places, with some ADL's, and used a cane for safety awareness. The facility failed to conduct an activity CAA to further determine the residents special activity needs.</p> <p>The resident's 10/15/14 care plan instructed staff the resident's activity program included:</p> <ol style="list-style-type: none"> 1. The activity department will provide in room activities. 2. The resident had a personal laptop computer, and assist per the resident request. 3. A volunteer from the association of the blind had assisted the resident and provided training on a special computer program for the vision 	F 248			

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F 248	<p>Continued From page 4</p> <p>impaired. In another area of the care plan this was discontinued due to the resident losing interest in the project.</p> <p>4. Provide in room activities as well as encouraging the resident to continue the activities the resident currently enjoyed.</p> <p>5. On 9/25/14 staff added the resident enjoyed shopping trips, 1 on 1 in room activities and attending resident council meetings.</p> <p>The activity care plan failed to accurately reflect the residents current activity needs.</p> <p>An activity assessment, dated 10/22/14, identified the resident as blind, but alert and oriented and identified the resident enjoyed TV (television), talking books, radio, and talk oriented activities, keeping up on current events, and shopping. The assessment indicated the resident did not "require special programming, for sensory deficit programming."</p> <p>Review of nursing notes, from 6/26/14 to 11/13/14, identified the resident upset following dialysis on 1 occasion due to the resident wanting to go shopping and transportation refused to take the resident. Otherwise, the nursing notes lacked any activity notes.</p> <p>Review of the Activity Logs, indicating resident attendance of activities included the following:</p> <p>8/14-- The resident attended resident council and a hospice entertainment with punch and cookies and a 1:1 on 8/30/14 (three activities for the month of August).</p> <p>9/14 -- On 9/2/14 a 1:1 activity, on 9/3/14 a</p>	F 248			

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F 248	<p>Continued From page 5</p> <p>shopping trip, on 9/23/14 a 1:1, and on 9/23/14 attended resident council meeting (three activities in the month of September).</p> <p>10/14 -- A shopping trip on 10/3/14 and noted the resident refused 1:1's (one activity for the month of October).</p> <p>11/14 -- A shopping trip on 11/12, movie theatre on 11/14 (2 activities for the month of November, as of 11/17/14).</p> <p>Observation, throughout days 1-3 of the survey, from 11/12/14 to 11/17/14, identified the resident without any activities provided. The resident was identified as out to dialysis on their scheduled days, otherwise the resident sat in their room, with the television on, without any offers of other activities. Additionally, the resident chose to eat in their room for all meals and the resident's room lacked many personal amenities.</p> <p>Observation, on 11/18/14 at 2:30 PM, identified the resident seated in the dining room during a Bingo activity, beside activity/social services staff.</p> <p>Interviews on 11/13/2014 at 7:24 AM with the resident included the resident expressed concerns regarding the resident's personal belongings. The resident reported the facility had moved the resident with minimal personal belongings on a temporary basis, about 6 weeks ago. The resident asked about the remainder of their personal belongings and expressed concern regarding their safekeeping. The resident further indicated they preferred to eat in their room, because of the mess they made eating. Observation identified the resident frequently used their hands to eat the waffle with syrup and lacked any wet wash cloth to assist with clean up.</p>	F 248			

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F 248	<p>Continued From page 6</p> <p>The resident additionally indicated they did not attend any activities because of their blindness and didn't get any enjoyment from things like Bingo when they couldn't see to play their own card.</p> <p>On 11/18/14 at 4:30 PM the resident reported they received encouragement that day to go out and play Bingo, from the activity staff and they did enjoy winning a couple of games and spending some time out of their room.</p> <p>Direct care staff M, reported on 11/17/14 at 1:55 PM, the resident was independent with their ADL's, eating and drinking what they wanted and did not have any special needs, except after going to dialysis the resident was always very needy, anxious and demanding. Staff M further indicated the resident attended church at times, but did not attend any other activity.</p> <p>On 11/17/14 at 4:05 PM, direct care staff L, reported the resident as mostly independent but sometimes asked staff to assist with perineal care. The staff reported the resident is often very anxious after dialysis and needed lots of attention, but usually does not attend any activities. The staff reported that sometimes the resident would attend church services, but spent most of his/her time in his/her room.</p> <p>Activity/Social Services staff D reported, on 11/18/14 at 9:35 AM, they documented the residents activity attendance on the activity log, by highlighting the activities provided. Staff D, further indicated the resident often refused activities and they did not document that information.</p> <p>On 11/19/14 at 8:30 AM Activity/Social Services</p>	F 248			

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F 248	<p>Continued From page 7</p> <p>Staff D reported being very surprised yesterday when the resident agreed to attend Bingo. The staff reported the resident usually refused all attempts to get involved in groups, and the resident didn't usually enjoy one on one visits either. When asked about the blind computer support, the staff reported, they didn't know what happened with that, but the resident no longer used the computer. The staff reported they didn't know why the resident wasn't doing talking books any longer, as he/she used to get books in the mail all the time and the staff had not seen any for a while, in the mail. The staff further indicated they had not spoken with the resident about the use of talking books. The staff concurred the resident was often very anxious and needy following dialysis, but had not attempted to set up any activity for the resident during those times, to meet their needs. Staff D further noted, the hours they worked as an activity person had been cut since the census was low and they were not able to do all the activities planned, and lacked a plan for who would complete the planned activities.</p> <p>The Activity calendar, dated November, 2014, documented the following activities:</p> <p>Sundays at 3:00 PM church services.</p> <p>Mondays at 10:00 AM, ROM (range of motion), 3rd --at 12:00 PM shopping trip; 10th at 10:30 AM world news and coffee; 2:00 PM ice cream sundaes; 17th at 10:30 AM world news and coffee, 2:00 PM crafts with apple crisp, 24th 10:30 world news and coffee, and at 2:00 PM birthday party.</p> <p>Tuesdays at 2:00 PM bingo, and One on Ones.</p>	F 248			

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F 248	<p>Continued From page 8</p> <p>Wednesdays at 10:00 AM Bible Study: at 2:00 PM on the 5th -- crafts with banana pudding, 12th manicures, 19th card games, 26th-- resident council.</p> <p>Thursdays 10:00 AM on the 6th-- bean bag toss; 13th-- shopping trip; 20th-- shopping trip; 2:00 PM-- Bingo. The 27th, Thanksgiving, lacked documentation of any activities provided.</p> <p>Fridays-- 10:00 AM Bingo every week; on 7th world news at 10:00 AM and popcorn at 2; 14th--movie theatre; 21--games; and the 28th--In room Activities.</p> <p>The policy entitled Activity Programs, revised January, 2011, documented an activity program designed to meet the needs of each resident are available on a daily basis. At least one evening activity is offered per week. At least two group activities per day are offered on Saturday, Sunday and holidays. At least four group activities are offered per day Monday thru Friday. The residents are encouraged to participate in the scheduled activities.</p> <p>The policy entitled Individual Activities and Room Visit Program, revised January, 2011, documented individual activities are provided for individuals who have conditions or situations that prevent them from participating in group activities, or who do not wish to do so. It is recommended that residents on a full room visit program receive, at a minimum, three room visits per week, typically a room visit is ten to fifteen minutes in length. The residents who choose not to attend group activities will maintain an independent program. It is the responsibility of the facility and the activity staff to make regular contact and offer supplies, as needed.</p>	F 248			

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F 248	<p>Continued From page 9</p> <p>The policy entitled Group Programs and Activities Calendar, revised January, 2011, documented Modifications, time changes, cancellations or substitutions are reflected on all large posted calendars.</p> <p>The facility failed to provide planned activities, as scheduled and provide encouragement to the resident to participate in the activities.</p> <p>- Review of resident # 18 Admission MDS (minimum data set), dated 09/26/2014, documented an admission date of 01/15/2010, a BIMS (brief interview for mental status) score of 03, indicating severely impaired cognition, preferences listed as somewhat important to have books, newspapers and magazines to read, listen to music, to go outside for fresh air, and attend religious services. Other activities listed as very important to the resident to be around animals, to keep up with the news, to do things with groups of people, and to do their favorite activities. The resident's functional status was documented as needed extensive assistance with bed mobility, transfers, walking, locomotion.</p> <p>The activity CAA (care area assessment), dated 09/26/2014, documented the resident participates in facility church time weekly, visits with family, and at risk for decreased activity related to a diagnosis of Alzheimer's (progressive mental deterioration characterized by confusion and memory failure).</p> <p>The resident's care plan for activities documented the resident will be provided 1:1 activities once to</p>	F 248			

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F 248	<p>Continued From page 10</p> <p>twice a week, allow the resident to express his/her feelings, and encourage positive interaction with other residents and staff, the resident likes to get his/her hair done at the beauty shop, to visits with other residents, encourage interaction, and conversation with other residents. The plan of care lacked interventions to provide activities based on his/her individual preferences.</p> <p>The Activity calendar, dated November, 2014, documented the following activities:</p> <p>Sundays at 3:00 PM church Mondays at 10:00 AM, R.O.M. (range of motion), at 12:00 PM shopping trip, 10th at 10:30 AM world news and coffee, at 2:00 PM ice cream sundaes, 17th at 10:30 AM world news and coffee, 2:00 PM craft with apple crisp, 24th at 10:30 world news and coffee, 2:00 PM birthday party Tuesdays at 2:00 PM bingo and One on One Wednesdays at 10:00 AM, Bible Study at 2:00 PM, 5th crafts with banana pudding, 12th manicures, 19 th card games, 26th resident council Thursdays at 10:00 AM 6th bean bag toss, 13th shopping trip, 20th shopping trip, 2:00 PM Bingo. The 27th, Thanksgiving, lacked documentation of activities provided. Fridays at 10:00 AM Bingo, at 2:00 PM movie</p> <p>The resident's activity logs documented the following:</p> <p>August, 2014, documented on the 1st and 8th (2 days fr rthe month of August) in room activities, but lacked which activity provided. There was a handwritten note that the resident prefers 1 on 1.</p>	F 248			

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F 248	<p>Continued From page 11</p> <p>September, 2014, documented the resident had one on ones on the 2nd, 9th, 23rd and 30th (4 days for the month of September). The one on one activities provided were not listed for the 23rd and 30th. The one on one on the 2nd, visited about Wal-mart, and on the 9th read the newspaper. There was a note that documented the resident chooses to do one on one activities over daily activities.</p> <p>October, 2014, documented the resident had one on one activity on the 14th and 28th (2 days for the month of October). The activity provided was not listed.</p> <p>November, 2014, documented the resident had one on one activity on the 4th and 11th (as of Nov 18, 2014, activity only provided on 2 days). The activity provided was not listed.</p> <p>The Social Services notes from 01/01/2014 through 11/19/014 documented the resident had one on one activities on 09/09/2014 and on 09/02/2014.</p> <p>The Activities Director notes from 01/01/2014 through 11/19/2014 documented three notes, as follows:</p> <p>On 02/13/2014 at 10:40 AM, documented the resident continues to answer questions, but will often close his/her eyes and not answer questions. The resident is a one on one. The resident at times will state "I don't want to talk" or "I don't feel like it".</p> <p>On 03/26/2014 at 10:57 AM, documented the resident is confused, will answer questions, and enjoys visits from family. The resident listens to the TV at times, at times he/she does not want to</p>	F 248			

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F 248	<p>Continued From page 12</p> <p>talk and will just close his/her eyes and not answer. The resident does not come to activities.</p> <p>On 06/09/2014 at 5:45 PM, documented the resident is more alert at times and answers questions. The resident likes to have his/her nails polished. The resident will on occasion attend special events or a group activity, but will continue to encourage socialization and participation.</p> <p>Observations, on 11/13/2014 at 1:15 PM, 1:30 PM, 1:45 PM, the resident is positioned in the recliner and staff member have not encouraged, or asked if he/she wanted to go to the bingo planned at 2:00 PM. At 2:00 PM, resident is positioned in the recliner and staff had not been in the resident's room to ask about bingo or offer any other activity. At 2:12 PM, the activity staff, medical records staff and about 10 residents were playing bingo while the resident remained in his/her room.</p> <p>Observation, on 11/17/2014 at 9:00 AM of the activity calendar revealed the resident were to have an 9:00 AM beauty shop activity, and 10:00 AM, range of motion activity. The resident was not involved in either activity. The 10:00 AM activity was not being conducted as the SSD/activity director was one of two direct care staff working the floor today.</p> <p>Observation, on 11/17/2014 at 1:53 PM, revealed the resident positioned in his/her recliner in the resident's room while an activity of a movie and popcorn occurred in the dining room at 2 PM. The resident was not encouraged to go to the movie by staff.</p> <p>Observation, on 11/18/2014 at 10:00 AM,</p>	F 248			

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F 248	<p>Continued From page 13</p> <p>revealed staff going to resident rooms to see if the residents wanted to attend the activity with the parachute and a ball. The staff did not go into this residents room to invite or encourage him/her to participate. The resident remained in his/her room while the activity was in progress.</p> <p>Observation, on 11/18/2014 at 1:50 PM, revealed residents playing bingo in the dining room. The resident remained in his/her room while the activity was in progress.</p> <p>On 11/19/2014 at 10:30 AM, review of the activity calendar revealed bible study with an outside group, and the group was not here. The SSD(social services director/Activities) D advised that the group is usually here by now and did not know where they were and did not have a phone number to contact them. The group arrived at 10:35 AM, and staff had not gathered any residents for the group or started an alternate group activity. At 10:38 AM the activity personal came to west hall, but did not encourage or invite this resident to the activity. The resident, at that time, was awake in his/her room. There was no other activity in progress or attempted for the residents that did not want to attend the religious group activity.</p> <p>On 11/13/2014 at 1:20 PM, Direct care staff K advised, activities depends on the day of the week. On the weekends, the direct care staff will do trivia and nails. Staff K further advised they will put a movie on in the dining room and make popcorn. When asked if activities are provided to the residents when the activity director works the floor as an CNA (certified nurse assistant) staff K shook his/her head no.</p> <p>On 11/18/2014 at 9:16 PM, SSD/activity director</p>	F 248			

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F 248	<p>Continued From page 14</p> <p>staff D, advised he/she keeps an activity log, and records on it daily or as soon as possible. As an SSD/activity director the normal work hours are 7:30 AM to 3:00 PM, Monday thru Friday, but since census is down he/she had been working as a CNA on the floor. Staff D further advised he/she had worked on the floor 3 days this week (11/16 to 11/22), and next week 2 days as a CNA and works 40 hours weeks divided between CNA, SSD and activities. SSD/Activity staff D advised it is the aides and his/her responsibility to get the residents ready for an activity, and when a resident does not participate in a group activity, then the resident should receive one on one.</p> <p>On 11/18/2014 at 1:55 PM, Direct care staff S advised when SSD/Activity staff D is working as activity director we just take the residents down for an activity when there is one. Direct care staff S further advised this resident does not attend bingo, but not sure why not, they paint his/her nails, staff does not provide him/her with any books or magazines, and the resident does whatever you take him/her to. Direct care staff S also advised the residents should have a calendar of activities in their rooms, it is also posted in the hall, but staff don't always follow what is on the calendar.</p> <p>On 11/19/2014 at 12:11 PM, Administrative nursing staff B advised the residents know what activity is offered by the calendar in their room and posted in the hall way. Staff B stated the CNAs will also tell the resident what is on the calendar and it is the responsibility of all staff to take the residents to the activities and should invite everybody to all activities. Staff B further advise the activity director is also the SSD and works on the floor as a CNA.</p>	F 248			

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F 248	<p>Continued From page 15</p> <p>On 11/19/2014 at 12:16 PM, SSD/Activity staff D advised he/she does not complete section F on the MDS, but one of the nurses does. Staff D advised the resident prefers one on one activities because he/she does not have the attention span to participate in group activities. He/she further advised the staff don't always do what activity is on the calendar, and further explained yesterday they did the parachute activity instead of one on one. SSD/Activity staff D advised in October and November, the resident had 2 activities for the month and two activities is not enough for any resident. Staff D further advised when working the floor as a CNA, the activities are not always provided as he/she can not do both jobs.</p> <p>On 11/19/2014 at 12:29 PM, Administrative staff A advised, the SSD/activity director has only been working the floor as an aide for approximately 2 weeks and when census is higher will not have to any longer. Staff A advised that providing two activities a month is not enough for a resident.</p> <p>The Policy entitled Activity Programs, revised January, 2011, documented an activity program designed to meet the needs of each resident are available on a daily basis. At least one evening activity is offered per week. At least two group activities per day are offered on Saturday, Sunday and holidays. At least four group activities are offered per day Monday thru Friday. The residents are encouraged to participate in the scheduled activities.</p> <p>The policy entitled Individual Activities and Room Visit Program, revised January, 2011, documented individual activities are provided for individuals who have conditions or situations that prevent them from participating in group activities, or who do not wish to do so. It is recommended</p>	F 248			

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F 248	Continued From page 16 that residents on a full room visit program receive, at a minimum, three room visits per week, typically a room visit is ten to fifteen minutes in length. The residents who choose not to attend group activities will maintain an independent program. It is the responsibility of the facility and the activity staff to make regular contact and offer supplies, as needed. The policy entitled Group Programs and Activities Calendar, revised January, 2011, documented Modifications, time changes, cancellations or substitutions are reflected on all large posted calendars. The facility failed to provide an individualized activity program that met this cognitively impaired and dependent resident's physical, mental, and psychosocial needs and based on the resident's preferences.	F 248			
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This Requirement is not met as evidenced by: The facility reported a census of 26 residents. Based on observation, record review and interview, the facility failed to provide housekeeping and maintenance services to maintain a sanitary, orderly, and comfortable interior for residents in 1 of 1 dining room, 2 of 3 halls, and 11 of 43 rooms in the facility. Finding included:	F 253			

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F 253	<p>Continued From page 17</p> <p>- Observation, on 11/12/2014 at 7:45 AM, during the initial tour the beauty shop and the smoke room did not have a working exhaust system, both rooms had an exhaust fan, but were not in working order at this time. The smoke room was not being used for the resident and was being used to store materials for remodeling projects. On 11/18/2014 at 1:10 PM, Maintenance staff F advised, that the switch to the exhaust was turned off in the attic crawl space outside the smoke room in the hall. He/she was unaware that it controlled the beauty shop's exhaust also. So when the exhaust for the smoke room was deactivated, it deactivated the beauty shop's exhaust as well.</p> <p>On 11/18/14 at 10:00 am the following areas were noted in need of housekeeping and/or maintenance services:</p> <p>On the middle hall toward the west end, in front of the water fountain the carpet had a large dark colored stain. The stain was a circular area approximately 2 foot by 2 foot. There are other smaller stains of various sizes in the middle hall on the carpet between water fountain and west nurse's desk.</p> <p>In the dining room, the west wall had an area of sheetrock, below the window, approximately 18 foot by 3 foot, that was unpainted. Maintenance staff F advised there had been water damage and the 2 by 4s and sheet rock had to be replaced and it still needs to be painted at this time.</p> <p>The dining room also had scuffed areas around the walls 3 foot by ½ foot, and 1 foot x ½ foot. The door jam going into the dining room had chipped paint and the doors were scuffed.</p>	F 253			

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F 253	<p>Continued From page 18</p> <p>The shower room on the west hall is being remodeled and not working at this time, the outside door to the shower room had a damaged area 4 inches by 2 inches that had been spackled and needed painting.</p> <p>The west hall sitting area south wall had damaged area approximately 2 foot by ½ inch and was lacking paint.</p> <p>The activity room has several spackled areas that remained unpainted.</p> <p>The whirlpool room sink was dirty and had debris on the sink. It was also dirty on the initial tour and had a comb in the sink at that time. This room also had damage on 2 walls including multiple scuff marks and spackled areas that needed to be painted.</p> <p>The doors to the linen room, and environmental service room were scuffed and lacking paint at the bottom</p> <p>There were several door jams in the resident rooms on the middle hall that were marred, had missing paint, and gouged areas or spackled areas. The rooms were as follows:</p> <p>One resident room, the door jam was marred and lacking paint, and had a small damaged area at the bottom.</p> <p>One resident room, the door jam was marred and lacking paint..</p> <p>One resident room, the door jam was marred and lacking paint.</p> <p>One resident room, the door was marred and</p>	F 253			

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F 253	<p>Continued From page 19 lacking paint.</p> <p>One resident room, the door was marred and scuffed.</p> <p>One resident room, the door jam was marred and lacking paint.</p> <p>One resident room, the door jam was marred and lacking paint.</p> <p>One resident room had a stain on the carpet approximately 1 foot circular area, unpainted 2 foot by 2 foot spackled area not painted, the wall by the bed was scuffed and repainted with a paint darker than the original paint in several areas, and a damaged area not repaired by the recliner 6 in by ½ inch in 2 areas. In the bathroom there was a broke tile by the grab bar. The bathroom door to the a joining area had a spackled area unpainted. The faucet had buildup white in color. The bathroom had an area where a shelf had hung and was removed resulting in damage to the wall and a different color of paint noted.</p> <p>One resident room, the door marred and lacking paint.</p> <p>One resident room, the door had a spackled area lacking paint.</p> <p>One resident room had a scuffed /gouged area by base board 4 x ½ inch, paint lacking on the bathroom door, there was a hole in the a joining bathroom door ½ inch by ½ inch</p> <p>Maintenance personnel F advised, at that time, they were aware of most of the damage and they were going to remodel this end when they move the residents to the remodeled area on the east</p>	F 253			

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F 253	<p>Continued From page 20</p> <p>end. They have subcontractors that are doing the shower room on the west hall and then the hall ways, such as replace carpet and paint the door jams, and then will remodel the resident rooms.</p> <p>The facility failed to provide maintenance and housekeeping services to maintain a sanitary and orderly environment for the facility's residents.</p> <p>- Observation on 11/12/14 at 8:30 AM identified the west wall of the dining room appeared with a white orange peel textured finish, and failed to match the other 3 walls of the dining room.</p> <p>On 11/18/14 at 2:05 PM maintenance staff F reported the wall had water damage about 4 months ago and required replacement of the wood and new sheetrock. The staff reported the repairs were completed and ready for paint approximately 3 months ago, but the facility never obtained the paint for the wall, to complete the job.</p> <p>On 11/19/14 at 8:35 AM, administrative staff A, reported the facility had contracted a remodeling job for the dining area and the living areas of the facility, however, the job was not completed and concurred the painting could have been completed by the facility staff to make the resident's dining room more homelike.</p> <p>The facility failed to maintain a homelike environment in the dining area, for the residents of the facility.</p>	F 253			
F 254 SS=E	483.15(h)(3) CLEAN BED/BATH LINENS IN GOOD CONDITION	F 254			

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F 254	<p>Continued From page 21</p> <p>The facility must provide clean bed and bath linens that are in good condition.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 26 residents with 12 residents sampled. Based on observation and interview, the facility failed to maintain and provide linens in the form of cloth wash rags and hand towels to residents of the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation, on 11/18/2014 at 2:30 PM, revealed the clean linen closet lacked any hand towels. There were approximately 10 wash rags of various color. <p>Observation, on all four days of the survey (11/12/14, 11/13/14, 11/17/14 and 11/18/14) revealed the facility did not provide hand towels to the residents of the facility.</p> <p>Observation, on 11/18/2014 at 1:10 PM, during the environmental tour revealed the resident rooms lacked towel bars.</p> <p>On 11/18/2014 at 2:30 PM, direct care S advised sometimes the night shift staff will put bath towels and wash clothes in some of the rooms. He/she further advised there are not towel racks in the resident rooms.</p> <p>On 11/18/2014 at 2:32 PM, Resident # 23 advised, the resident get wash clothes and big towels every once in while, but the residents have to use paper towels.</p>	F 254			

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F 254	<p>Continued From page 22</p> <p>On 11/18/2014 at 2:35 PM, Resident # 9, advised the residents do not get hand towels or washcloths and had to bring some from home. The resident further stated if you ask staff for a towel you receive a bath towel and you have to ask to get one in your bathroom.</p> <p>On 11/18/2014 at 2:41 PM, Resident #15 advised he/she uses paper towels to dry their hands. The resident further advised he/she will ask staff for 5 or 6 wash clothes and places them in his/her dresser drawer. He/she uses a wash cloth so he/she does not have to use a paper. Resident #15 stated the residents can't get a hand towel, you might get a big bath towel if you asked for one.</p> <p>On 11/18/2014 at 2:54 PM, Resident # 19 advised sometimes he/she had cloth wash rags to wash his/her face in the morning and sometimes he/she did not and if not he/she had to use those other things they keep in the bathroom. The staff do not use small hand towels, you could use the paper towels or the others (wipes) on back of the toilet they are softer then paper towels</p> <p>On 11/18/2014 at 4:17 PM, Resident #14 advised that they do not have hand towels, you can use a big towel if you want, a paper towel, toilet paper or your shirt to dry your hands. You have to ask staff if you want wash clothes, then they will give them to you, but the facility does not have any hand towels.</p> <p>On 11/18/2014 at 1:10 PM, Maintenance staff F advised that the newly remodeled rooms on the east hall do not have any towel bars as they do not use cloth towels, they use the disposable wipes that are dry until the staff wet them with water and then use paper towels for drying.</p>	F 254			

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F 254	Continued From page 23	F 254			
F 257 SS=E	<p>483.15(h)(6) COMFORTABLE & SAFE TEMPERATURE LEVELS</p> <p>The facility failed to provide the residents of the facility with cloth hand towels and wash rags in their rooms to be a homelike environment.</p> <p>The facility must provide comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 - 81° F</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 26 residents. Based on observation, interview, and record review the facility failed to maintain a comfortable temperature for the residents of the facility in the dining area, when residents wishing to smoke opened the patio doors leading to the outside and allowing cold air to come into the dining room.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the resident council notes dated 1/08/14 identified a complaint during the council minutes, by one of the smoking residents regarding the outside temperatures being too cold to smoke out of doors. Review of the additional notes, lacked identification of follow-up. <p>On 11/12/14 at 11:16 AM, resident # 16 reported when questioned about activities the resident reported that during activities and dining the smokers going in and out of the dining room patio door which caused the dining room to become really cold.</p> <p>On 11/13/14 at 9:30 AM, observation identified the dining room patio doors standing open for</p>	F 257			

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F 257	<p>Continued From page 24</p> <p>several minutes. The room cooled down significantly very quickly with the doors standing open. Observation identified 2 alert, oriented, and independently mobile residents propelling their wheel chairs outside then attempting to close the doors. Review of the temperature checked on the weather report, at that time, identified the temperature at 21 degrees with a slight breeze. The 2 unsampled residents, both reported they smoked outside because the indoor smoke room had been closed for a long time.</p> <p>On 11/13/14 at 9:40 AM interview with maintenance staff F reported the indoor smoke room had been closed since he began working at the facility over a year ago, due to the remodel. When asked what still needed completion in the smoking room, the staff member reported they thought that as long as the facility designated a smoking area outdoors, that would be sufficient. The staff further identified the room needed cleaned out of the painting supplies and the exhaust vent cleaned, then the room would be ready for use, by the residents. Staff F reported the facility had not planned to open the area until the residents moved to the remodeled area. The staff identified 4 current residents of the facility smoked and went outdoors onto the covered patio and indicated they usually went outside to smoke multiple times daily.</p> <p>The facility failed to maintain comfortable temperature levels, in the dining room when resident's who smoke would exit the facility which allowed cold air into the dining room.</p>	F 257			
F 274 SS=D	<p>483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE</p> <p>A facility must conduct a comprehensive assessment of a resident within 14 days after the</p>	F 274			

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F 274	<p>Continued From page 25</p> <p>facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)</p> <p>This Requirement is not met as evidenced by: The facility reported census of 26 residents with 12 residents sampled with one resident reviewed for hospice. Based on observation, interview and record review, the facility failed to complete a significant change assessment for resident #8 following the resident's admission to hospice.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident # 8 admitted to the facility on 10/21/2011 with a diagnosis of renal failure (inability of the kidneys to excrete wastes, concentrate urine and conserve electrolytes). <p>The 10/23/13 annual MDS (minimum data set) identified the resident with a BIMs (brief interview for mental status) score of 10 (8-12 indicated cognition moderately impaired) and required limited assistance with walking, dressing and personal hygiene with ADLs (areas of activities of daily living.) The assessment lacked documentation related to hospice services.</p> <p>The 10/21/2013, ADL CAA (care area assessment documented the resident required</p>	F 274			

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F 274	<p>Continued From page 26</p> <p>assist of 1-2 staff with ADL's related to impaired cognition and weakness.</p> <p>The 7/24/14 quarterly MDS identified the resident with a BIMS of 6 (0-7 indicated cognition was severely impaired) and extensive assist with most ADLs. The assessment lacked identification the resident having hospice services.</p> <p>The 10/15/14 care plan documented the resident required hospice related to end stage renal disease and renal failure, and to coordinate the plan of care with the hospice agency.</p> <p>Review of the resident's medical record revealed the resident elected to use hospice services effective 6/17/14, with the qualifying diagnosis of end stage renal failure.</p> <p>On 11/17/14 at 10:00 AM, observation revealed the resident fully dressed, with socks and shoes socks on bilaterally sitting in a wheelchair in his/her room with his/her head down.</p> <p>Further observation on 11/17/2014 at 3:10 PM, revealed hospice consultant staff R, as he/she followed the resident, in the wheelchair to the shower room, with clothing lying across his/her lap.</p> <p>On 11/18/14 at 2:00 PM, licensed staff H, verified the resident's last annual MDS was completed on 10/23/13, and verified the facility failed to complete a significant change MDS when the resident admitted to hospice. Staff H added the resident had been on and off hospice, several times in the last year, but his/her care had not changed.</p> <p>On 11/18/14 at 3:45 PM, administrative nursing</p>	F 274			

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F 274	Continued From page 27 staff B verified the MDS failed to identify the resident as a hospice resident. The facility failed to complete a significant change MDS, as required, for this resident after his/her admission to hospice services.	F 274			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This Requirement is not met as evidenced by: The facility reported a census of 26 residents with 12 selected for sample review. Based on observation, record review and interview, the facility failed to review and revise the plan of care for 2 residents (# 29 and 18) related to activities and accidents. Findings included:	F 280			

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F 280	<p>Continued From page 28</p> <p>- The facility admitted resident # 29 on 10/29/13, per the ECR (electronic care record).</p> <p>Diagnosis from the ECR (electronic clinical record) included:</p> <p>End stage renal disease (a terminal disease because of irreversible damage to the kidneys), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), and blindness.</p> <p>The resident's annual 9/25/14 MDS (minimum data set) assessment, identified the resident scored 15/15 on the BIMS (brief interview for mental status) assessment, indicating intact cognitive status, and identified the resident had no mood or behavioral concerns. The activity preference assessment identified, as very important to the resident, to choose what clothes to wear, to care for and have personal belongings, to have a choice regarding bathing, having snacks available between meals, to choose his/her own bedtime, to have privacy for phone conversations, to keep personal items safe, to have books/magazines available, to listen to music, to keep up with the news, to do things with groups of people, and to do favorite activities. Additionally, the resident reported, as somewhat important, to participate in religious services, go outside, and/or to be around animals. The Functional Status assessment identified the resident needed limited assistance or supervision with most ADL's (activities of daily living), however, the resident needed extensive assistance for mobility, and used a cane/crutch and/or wheelchair for mobility. The assessment identified the resident received renal dialysis and included the resident was severely impaired of vision.</p>	F 280			

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F 280	<p>Continued From page 29</p> <p>The 9/25/14 CAA (care area assessment) for visual function identified the resident as blind in both eyes, required assistance in maneuvering new places, with some ADL's, and used a cane for safety awareness. The facility failed to conduct an activity CAA to further determine the residents special activity needs.</p> <p>The resident's 10/15/14 care plan instructed staff the resident's activity program included:</p> <ol style="list-style-type: none"> 1. The activity department will provide in room activities. 2. The resident had a personal laptop computer, and assist per the resident request. 3. A volunteer from the association of the blind had assisted the resident and provided training on a special computer program for the vision impaired. However, in another area of the care plan this was discontinued, due to the resident losing interest in the project. 4. Provide in room activities as well as encouraging the resident to continue the activities the resident currently enjoyed. This was not individualized as to the residents current activities enjoyed in their room. 5. On 9/25/14 staff added the resident enjoyed shopping trips, 1 on 1 in room activities and attending resident council meetings. <p>The activity care plan failed to accurately reflect the residents current activity needs.</p> <p>An activity assessment, dated 10/22/14, identified the resident as blind, but alert and oriented and</p>	F 280			

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F 280	<p>Continued From page 30</p> <p>identified the resident enjoyed TV (television), talking books, radio, and talk oriented activities, keeping up on current events, and shopping. The assessment indicated the resident did not "require special programming, for sensory deficit programming."</p> <p>Review of nursing notes, from 6/26/14 to 11/13/14, identified the resident upset following dialysis on 1 occasion due to the resident wanting to go shopping and transportation refused to take the resident. Otherwise, the nursing notes lacked any activity notes.</p> <p>Observation, throughout days 1-3 of the survey, from 11/12/14 to 11/17/14, identified the resident without any activities provided. The resident was identified as out to dialysis on their scheduled days, otherwise the resident sat in their room, with the television on, without any offers of other activities. A talking book reader sat on a nearby table, however, lacked any use during multiple observations. Additionally, the resident chose to eat in their room for all meals and the resident's room lacked many personal amenities.</p> <p>Observation, on 11/18/14 at 2:30 PM, identified the resident seated in the dining room during a Bingo activity, beside activity/social services staff.</p> <p>Interviews on 11/13/2014 at 7:24 AM with the resident included the resident expressed concerns regarding the resident's personal belongings. The resident reported the facility had moved the resident with minimal personal belongings on a temporary basis, about 6 weeks ago. The resident asked about the remainder of their personal belongings and expressed concern regarding their safekeeping. The resident further indicated they preferred to eat in their room,</p>	F 280			

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F 280	<p>Continued From page 31</p> <p>because of the mess they made eating. Observation identified the resident frequently used their hands to eat the waffle with syrup and lacked any wet wash cloth to assist with clean up. The resident additionally indicated they did not attend any activities because of their blindness and didn't get any enjoyment from things like Bingo when they couldn't see to play their own card.</p> <p>On 11/18/14 at 4:30 PM the resident reported they received encouragement that day to go out and play Bingo, from the activity staff and they did enjoy winning a couple of games and spending some time out of their room.</p> <p>Direct care staff M, reported on 11/17/14 at 1:55 PM, the resident was independent with their ADL's, eating and drinking what they wanted and did not have any special needs, except after going to dialysis the resident was always very needy, anxious and demanding. Staff M further indicated the resident attended church at times, but did not attend any other activity.</p> <p>On 11/17/14 at 4:05 PM, direct care staff L, reported the resident as mostly independent but sometimes asked staff to assist with perineal care. The staff reported the resident is often very anxious after dialysis and needed lots of attention, but usually does not attend any activities. The staff reported that sometimes the resident would attend church services, but spent most of his/her time in his/her room.</p> <p>Licensed nursing staff H, reported on 11/19/14 at 10:00 AM, they attempted to keep the care plans updated, however, with the change from minimum data set coordinator to working as a licensed nurse they were behind, but believed</p>	F 280			

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F 280	<p>Continued From page 32 they had the care plans current at this time.</p> <p>The policy, entitled Care Plans-Comprehensive, revised October, 2010, documented the individualized comprehensive care plan that included measurable objectives, and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change.</p> <p>The facility failed to review and revise this resident's plan of care to ensure all staff consistently provide the resident with opportunities to participate in activities according to their identified individual preferences.</p> <p>- The readmission MDS (minimum data set) for resident #18, dated 09/26/2014, documented an admission date of 01/15/2010, a BIMS score of 03, indicating severely impaired cognition. The resident's functional status was documented as needing extensive assistance with bed mobility, transfers, walking, locomotion, dressing, eating, toilet use and personal hygiene and identified the resident as a fall risk.</p> <p>The fall CAA (care area assessment), dated 09/26/2014, documented the resident was at risk for falls related to impulsive and impaired decision making due to the diagnosis of Alzheimer's, anxiety and senile dementia, medications, poor safety awareness, and attempt to ambulate without assistance.</p> <p>The fall care plan, dated 08/13/2014, documented a fall mat placed at bedside, 1:1 when resident is restless, a body pillow for</p>	F 280			

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F 280	<p>Continued From page 33</p> <p>positioning and increased resident safety, the bed moved against the wall, leave the resident's shoes on during the day, observe resident frequently while not in bed, and make sure the resident is laying in middle of the bed or left side of the bed. The care plan lacked any new interventions after the fall on 10/18/2014.</p> <p>The quarterly, Fall assessment, dated 05/26/2014 and 08/20/2014, documented a score of 13, indicating the resident was a high risk for falls.</p> <p>An accident investigation, dated 10/18/2014, documented the resident had an unwitnessed fall on 10/18/2014 at 9:35 PM. The investigation documented the alarm, fall mat and pillows were already in effect at time of fall and the resident would be moved closer to the nurse's desk. A note documented the family was notified and agreed the resident could be moved closer to the nurse's station</p> <p>The electronic record, contained an Event note, dated 10/18/2014, which documented on 10/18/2014 at 9:35 PM, the direct care staff notified the nurse the resident was on the floor.</p> <p>The SSD notes, dated 01/01/2014 through 11/19/2014, lacked any documentation of the resident moving from one resident room to the other.</p> <p>The nurse's note, dated 10/14/2014 at 10:06 AM, documented the resident was moved today (before the fall). (This is the current room the resident occupied during survey)</p> <p>The nurse's note, dated 10/18/2014 at 11:27 PM, documented at 9:35 PM the CNA notified the nurse that resident was on the floor.</p>	F 280			

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F 280	<p>Continued From page 34</p> <p>On 11/17/2014 at 10:30 AM, License nursing staff H advised, after a resident falls the nurses document and assess then provide first aide, if needed, contact the doctors and family, and start an event in the computer which is unusual occurrence. Staff H also advised the nurse would do a nurses' note to outline what happened and what the nurses had done. The staff would care plan for the the fall as there is always a temporary care plan after the fall. Staff H further advised the care plan team or whoever does the investigation of the fall may change or develop a more appropriate intervention. Staff H further explained the nurse on duty when a fall occurs should put a new immediate intervention on the care plan, and on the temporary care plan, then the fall team would review the intervention and see if there is an appropriate intervention or a better one can be put into place.</p> <p>On 11/19/2014 at 10:36 AM, License nursing staff I advised, when there is a significant change or a fall there should be an update made to the care plan. When there is a fall there should also be a temporary care plan that is put into place immediately.</p> <p>On 11/19/2014 at 11:52 PM, Administrative nursing staff B advised, when a resident falls after hours, the nurse will contact him/her and they come up with a new intervention together, and after this fall to keep the resident safe and from further falls the staff were to move the resident closer to the nurse's desk. The root cause of this fall was determined the resident was trying to get out of bed. Staff B could not advise when the resident went to bathroom last, but stated the resident will use the toilet when taken, and the staff should toilet the resident every two hours,</p>	F 280			

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F 280	<p>Continued From page 35</p> <p>before after meals and before bed. Staff B further stated from the investigation for the fall on 10/18/2014, he/she could not tell if a thorough investigation was done to see why the resident fell as the report does not mention when the resident was toileted last, or if the staff asked the resident what he/she was attempting to do at that time. Staff B advised there will be documentation made when a resident changes rooms and notifications to family made about the move and they moved the resident to the current room the next day. When asked why the note advised the resident was moved four days prior to the fall. He/she had no information.</p> <p>The policy, entitled Care Plans-Comprehensive, revised October, 2010, documented the individualized comprehensive care plan that included measurable objectives, and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change.</p> <p>The facility failed to review and revise the care plan after the resident had a fall to prevent the resident from experiencing further falls.</p>	F 280			
F 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 26 residents.</p>	F 312			

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F 312	<p>Continued From page 36</p> <p>The 12 residents sampled included 3 reviewed for activities of daily living. Based on observation, record review, and interview the facility failed to provide adequate toenail hygiene care for one resident (#37).</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident # 37 admitted to the facility on 4/21/14, per the 5/4/14, admission MDS (minimum data set.) <p>The 5/4/14 admission MDS assessment identified the resident with a BIMS (brief interview for mental status) score of 11(8-12 indicated moderately impaired cognition); the assessment further identified the resident required supervision and verbal cueing with all ADLs (activities of daily living).</p> <p>The 10/21/14, quarterly MDS assessment identified the resident with a BIMS of 12 and the assessment further identified the resident required limited assistance of one staff with personal hygiene.</p> <p>The 5/4/14, CAA (Care Area Assessment) identified the resident required supervision and verbal cues for most activities of daily living.</p> <p>The 10/21/14, care plan instructed staff the resident required limited assistance with maintaining personal hygiene.</p> <p>On 11/12/14 at 3:37 PM, observation revealed the resident barefoot in his/her bedroom. The resident reported his/her toenails were too long and caught on his/her socks. The resident reported it had been 2 or more months since staff</p>	F 312			

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F 312	<p>Continued From page 37</p> <p>trimmed his/her nails and added further the staff had told him/her the foot doctor did not come to the facility any longer.</p> <p>On 11/13/14 at 2:00 PM, observation revealed the resident sitting in a recliner in his/her bedroom, again without shoes or socks. The resident reported his/her toenails remained untrimmed and added it was too hard for him/her to do.</p> <p>On 11/17/2014 at 2:09 PM, social service/activity staff D reported staff trims nails on Sundays, unless the resident is diabetic, then a nurse has to do it. The staff reported the resident was not diabetic and his/her toenails should be checked then. The staff added the podiatrist stopped coming in July 2014, and the facility had been taking the resident's to the doctor's office. Staff D verified the resident's toenails were very long and needed trimmed.</p> <p>On 11/17/2014 at 2:39 PM, administrative nurse B, told the resident he/she was going to trim his/her toenails. Staff B trimmed toes 2-5 on both feet, and reported he/she was not going to attempt the great toe because the nails were so hard. Staff B verified the nails were extremely long and needed trimmed, and added the facility had been unable to get another podiatrist to come to the facility after the previous one stopped coming in June 2014.</p> <p>On 11/17/14 at 3:00 PM, direct care staff P, reported he/she had assisted the resident with a shower earlier and marked on the bath sheet, that his/her toenails needed trimmed. The staff reported he/she was not comfortable with trimming toenails and always referred long ones to the nurse.</p>	F 312			

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F 312	Continued From page 38 Review of the resident's shower sheet for 11/17/14, revealed documentation the resident's toenails were getting long. The form lacked documentation that the nails were trimmed. On 11/17/14 at 5:02 PM, the resident's child, brought a meal in for his/her parents, and reported his/her parent had been complaining about his/her toenails for several weeks, and that they were very long and needed trimmed. The family member reported he/she had asked the facility about it and was told the podiatrist no longer came to the facility, and they would get an appointment to have it done. The family reported this was a month or so ago. The family added he/she had called the facility the day before about it, and was told an appointment had been made, but was unsure of the date. On 11/19/14 at 11:21 AM, administrative staff B verified an appointment made for trimming the resident's toenails on 11/25/14. The facility failed to provide necessary hygiene for this resident's toenail care.	F 312			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.	F 315			

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F 315	<p>Continued From page 39</p> <p>This Requirement is not met as evidenced by: The facility had a census of 26 residents with 12 sampled. Based on observation, record review and interview, the facility failed to assess a decline in urinary incontinence to determine causal factors and develop and consistently implement effective interventions in order to maintain as much a normal bladder function as possible for one resident (#18) sampled for urinary incontinence.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of resident # 18 Admission MDS (minimum data set), dated 09/26/2014, documented an admission date of 01/15/2010, a BIMS (brief interview for mental status) score of 03, indicating severely impaired cognition. The resident's functional status was documented as needed extensive assistance with bed mobility, transfers, walking, locomotion. The MDS documented the resident as always being continent of bowel and bladder. <p>The POS (physician order sheet), dated and signed 11/12/2014, documented the following diagnosis of dementia (progressive mental disorder characterized by failing memory and confusion) with behavior disturbance, urinary tract infection, frequency of urination, and disorder bladder.</p> <p>The ADL (activity of daily living) Functional status CAA (care area assessment), dated 09/26/2014, did not trigger.</p> <p>The Urinary incontinence CAA, dated 09/26/2014, documented the resident was continent of bowel and bladder, with an occasional episodes of</p>	F 315			

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F 315	<p>Continued From page 40</p> <p>incontinency and uses adult briefs. The resident requires assistance of one with verbal cues to toilet.</p> <p>The urinary care plan, dated 08/13/2014, documented the resident experiences bladder incontinence at times related to impaired cognition and weakness. The interventions listed directed staff to administer medications as ordered, apply moisture barrier, complete a 3 day bladder record every quarter, ensure adequate bowel elimination, keep the call light in reach, utilize adult Depends, provide incontinence care, provide one assist for toileting and verbal prompting every 1-2 hours, report signs of skin breakdown, and signs of UTI.</p> <p>The POS (physician order sheet), dated and signed 11/12/2014, documented the following order to cue and assist with toileting before and after meals and hours of sleep, when having increased anxiety or behaviors and PRN (as needed) every shift, with a start date 01/07/2013.</p> <p>The three day voiding diary, dated 9/22/2014, 09/23/2014, and 09/24/2014, documented 600 AM through 5:00 PM, documented the resident was dry when checked hourly, and demonstrated to be a pattern of the staff toileting the resident every two hours. The resident was incontinent between 4:00 PM and 9:00 PM two times. The diary also documented the resident was a check and change between the hours of 10:00 PM to 5:00 AM on all three days. There was a three day voiding diary completed with each quarterly MDS which documented similar information.</p> <p>Observation, on 11/17/2014 at 10:42 AM, revealed the resident positioned in his/her recliner, and SSD/activity staff D entered the</p>	F 315			

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F 315	<p>Continued From page 41</p> <p>resident's room to assist the resident to the wheelchair using one assist and a gait belt. The resident was then taken to the beauty shop. The resident followed instructions and was assisted to stand, pivot and turned and sit in the wheelchair. Staff D failed to ask the resident if he/she needed the restroom before leaving the room and failed to take him/her to the bathroom.</p> <p>Observation, on 11/17/2014 at 4:43 PM, revealed the resident in the bathroom with Direct care staff V. Staff V advised the resident was incontinent and he/she was getting the resident cleaned up before supper time.</p> <p>Observation, on 11/18/2014 at 4:25 PM, revealed the resident hollered, cleared their throat making a coughing sound. Direct care staff L went into the resident's room and came out back out immediately. Staff L stated the resident was just clearing their throat, he/she failed to offer to take the resident to the bathroom at that time.</p> <p>Observation, on 11/18/2014 at 4:39 PM, Direct care staff L and Direct care staff V assisted the resident from the recliner to the bathroom, they used gloves and a gait belt. The resident was incontinent of bowel and bladder at that time.</p> <p>Observation, on 11/19/2014 at 11:15 AM, Direct care staff K, and V, and Dietary staff C assisted the resident from the recliner to the wheelchair. The staff fluffed the resident's hair, put on a jacket for warmth, sprayed on body spray, but failed to take the resident to the bathroom or ask her if he/she needed the bathroom prior to leaving the resident room and going to the dining room for lunch.</p> <p>On 11/19/2014 at 11:52 PM, Administrative</p>	F 315			

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F 315	<p>Continued From page 42</p> <p>nursing staff B advised he/she would expect the staff to ask the resident if they needed to go to the bathroom and expect them to be taken when asked. Staff B further advised this resident should be able to tell staff when he/she needs to go to the bathroom, but can be incontinent. Staff B further advised if taken routinely she is not incontinent or when the resident is he/she won't be saturated. The resident's toileting program is prompting, the staff should ask the resident if they need the bathroom every one to 2 hours. Staff B also advised If the resident was seen saturated twice the staff are not prompting the resident, and if staff are not asking him/her if he/she needs to use the restroom, they are not following the care plan.</p> <p>The policy, entitled Bowel and Bladder Continence Program, revised 10/12, the facility residents will receive accurate assessment of bowel and bladder continence for the implementation of interventions and programs to restore continence as possible and which promote the highest practicable level of functioning. Incontinent residents will be scheduled for bowel and bladder elimination tracking. Bowel and bladder elimination will be tracked for a minimum of 3 days to establish the resident's individual elimination pattern. Once established, incontinent residents will be placed on an appropriate continence plan. Continence plans will be developed according to the cognitive and functional abilities of each resident. Continence programs will be encouraged and pursued by facility personnel during waking hours.</p> <p>The facility failed to provide a toileting program based on identified care needs for this cognitively impaired, dependent resident.</p>	F 315			

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F 323 F 323 SS=D	<p>Continued From page 43</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 26 residents. The 12 residents sampled included 2 sampled for accidents. Based on observation, record review, and interview, the facility failed to identify an accident hazard for one resident (#17), and failed to provide a new intervention after a fall for one resident (#18).</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident # 17 admitted to the facility on 9/26/12. <p>The 9/4/14 annual MDS (minimum data set) identified the resident with a BIMS (brief interview for mental status) score of 12 (8-12 indicated the resident with moderately impaired cognition); the assessment further documented the resident required supervision with most ADLs (activities of daily living), and used a walker for mobility.</p> <p>The 9/4/14 ADL CAA (care area assessment) documented the resident required supervision with transfers/repositioning, related to decreased mobility and weakness.</p> <p>The 9/7/14, care plan informed staff the resident</p>	F 323 F 323			

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F 323	<p>Continued From page 44</p> <p>was identified as a fall risk, and had a history of falls. The care plan further instructed staff to keep the room free of clutter, ensure needed objects were within the resident's reach, and to orient the resident when there were changes in the environment.</p> <p>On 11/13/2014 at 1:19 PM, observation revealed the resident walked from the bathroom with a front wheeled roller walker to his/her recliner and sat down. The resident reported when he/she was looking for a paper in the file cabinet, which had been brought from his/her home, he/she cut his/her fingers when pushing the drawers back in. The resident reported he/ she hurt two fingers, and added there must have been a sharp edge on it.</p> <p>Observation of the metal file cabinet in the resident's bathroom, on 11/13/14 at 1:30 PM, revealed the bottom drawer slightly ajar, and unable to close when pushed shut. The resident opened the top drawer, and it revealed metal edges on both sides of the file drawer. The resident reported he/she was unsure what caused the cuts on his/her fingers.</p> <p>On 11/13/14 at 2:00 PM, administrative staff A reported when the resident cut his/her fingers administrative nursing staff B offered to get a different cabinet for the resident, and the resident refused.</p> <p>On 11/18/14 at 11:08 AM, the resident reported the facility staff cleaned and bandaged the cuts, but he/she did not remember anyone offering to get him/her to a different cabinet.</p> <p>On 11/18/14 at 3:00 PM, licensed nursing staff H reported he/she was responsible for completing</p>	F 323			

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F 323	<p>Continued From page 45</p> <p>the MDS assessments and the care plans when the resident cut his/her fingers on the file cabinet. Staff H added further he/she had no knowledge of an assessment completed on the safety of the cabinet.</p> <p>On 11/19/14 at 8:50 AM, administrative staff B verified the facility failed to assess the cabinet for safety.</p> <p>The facility failed to ensure this resident's environment remained free of accident hazards as possible.</p> <p>- The POS (physician order sheet) for resident # 18, dated and signed 11/12/2014, documented the following diagnosis of dementia (progressive mental disorder characterized by failing memory and confusion) with behavior disturbance, abnormality gait, and Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure).</p> <p>The Re-Admission MDS (minimum data set), dated 09/26/2014, documented an admission date of 01/15/2010, a BIMS score of 03, indicating severely impaired cognition. The resident's functional status was documented as needing extensive assistance with bed mobility, transfers, walking, locomotion, dressing, eating, toilet use and personal hygiene and a fall risk.</p> <p>The fall CAA (care area assessment), dated 09/26/2014, documented the resident was at risk for falls related to impulsive and impaired decision making due to the diagnosis of Alzheimer's, anxiety and senile dementia, medications, poor safety awareness, and attempt</p>	F 323			

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F 323	<p>Continued From page 46 to ambulate without assistance.</p> <p>The fall care plan, dated 08/13/2014, documented a fall mat placed at bedside, 1:1 when resident is restless, a body pillow for positioning and increased resident safety, the bed moved against the wall, leave the resident's shoes on during the day, observe resident frequently while not in bed, and make sure the resident is laying in middle of the bed or left side of the bed. The care plan lacked any new interventions after the fall on 10/18/2014. The care plan lacked a temporary care plan dated 10/18/2014.</p> <p>The quarterly, Fall assessment, dated 05/26/2014 and 08/20/2014, documented a score of 13, indicating the resident was a high risk for falls.</p> <p>An accident investigation, dated 10/18/2014, documented the resident had an unwitnessed fall on 10/18/2014 at 9:35 PM. The investigation documented the alarm, fall mat and pillows were already in effect at time of fall and the resident would be moved closer to the nurse's desk. A note documented the family was notified and agreed the resident could be moved closer to the nurse's station.</p> <p>The electronic record, contained an Event, dated 10/18/2014, which documented on 10/18/2014 at 9:35 PM, the direct care staff notified the nurse the resident was on the floor.</p> <p>The SSD notes, dated 01/01/2014 through 11/19/2014, lacked any documentation of the resident moving from one resident room to the other.</p> <p>The nurse's note, dated 10/14/2014 at 10:06 AM,</p>	F 323			

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F 323	<p>Continued From page 47</p> <p>documented the resident was moved today (before the fall). (This is the current room the resident occupied during survey)</p> <p>The nurse's note, dated 10/18/2014 at 11:27 PM, documented at 9:35 PM the CNA notified the nurse that resident was on the floor.</p> <p>Observation, on 11/13/2014 at 11:05 AM, revealed the resident positioned in his/her recliner, appears to be asleep, call light in reach, and alarm attached to chair and his/her sweater.</p> <p>Observation, on 11/17/2014 at 10:42 AM, revealed the resident positioned in his/her recliner, SSD/activities staff D assisted the resident to wheelchair using one assist and a gait belt and transferred from recliner to the wheelchair. The resident followed instructions was assisted to a standing position, pivot and turned and positioned in the wheelchair. The alarm was transferred from the recliner to the wheelchair.</p> <p>Observation, on 11/17/2014 at 4:30 PM, revealed the resident positioned in his/her recliner awake, call light in reach, and alarm in use.</p> <p>Observation, on 11/18/2014 at 07:10 AM, the resident was pushing away from dining room table tipping wheelchair up and back.</p> <p>On 11/17/2014 at 10:30 AM, License nursing staff H advised, after a resident falls the nurses document and assess then provide first aide, if needed, contact the doctors and family, and start an event in the computer which is unusual occurrence. Staff H also advised the nurse would do a nurses' note to outline what happened and what the nurses had done. The staff would care</p>	F 323			

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F 323	<p>Continued From page 48</p> <p>plan for the the fall as there is always a temporary care plan after the fall. Staff H further advised the care plan team or whoever does the investigation of the fall may change or develop a more appropriate intervention. Staff H further explained the nurse on duty when a fall occurs should put a new immediate intervention on the care plan, and on the temporary care plan, then the fall team would review the intervention and see if there is an appropriate intervention or a better one can be put into place.</p> <p>On 11/18/2014 at 10:00 AM, Direct care L advised, that the residents that have stars by the name plate on the door are fall risk residents and that is the "Falling Stars" program and indicated the resident is a fall risk.</p> <p>On 11/18/2014 at 3:53 PM, Direct care L advised, the resident was on the middle hall until a month or so ago and had a roommate, then was moved to the room he/she is in now.</p> <p>On 11/19/2014 at 10:36 AM, License nursing staff I advised, when there is a significant change or a fall there should be an update made to the care plan. When there is a fall there should also be a temporary care plan that is put into place immediately.</p> <p>On 11/19/2014 at 11:52 PM, Administrative nursing staff B advised, when a resident falls after hours, the nurse will contact him/her and they come up with a new intervention together, and after this fall to keep the resident safe and from further falls the staff were to move the resident closer to the nurse's desk. The root cause of this fall was determined the resident was trying to get out of bed. Staff B could not advise when the resident went to bathroom last, but stated the</p>	F 323			

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F 323	Continued From page 49 resident will use the toilet when taken, and the staff should toilet the resident every two hours, before after meals and before bed. Staff B further stated from the investigation for the fall on 10/18/2014, he/she could not tell if a thorough investigation was done to see why the resident fell as the report does not mention when the resident was toileted last, or if the staff asked the resident what he/she was attempting to do at that time. Staff B advised there will be documentation made when a resident changes rooms and notifications to family made about the move and they moved the resident to the current room the next day. When asked why the note advised the resident was moved four days prior to the fall. He/she had no information. The policy entitled Fall Prevention Program, revised 10/12, documented the Fall Prevention Program is designed to ensure a safe environment for all residents. The purpose is to gather accurate, objective and consistent data for the purpose of implementing an individualized Plan of Care designated to meet the resident's needs. The facility failed to implement an appropriate intervention after the fall to prevent further fall.	F 323			
F 334 SS=D	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31	F 334			

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F 334	<p>Continued From page 50</p> <p>annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the</p>	F 334			

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F 334	<p>Continued From page 51</p> <p>pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 26 residents, with 5 resident selected for review with immunizations. Based on record review and interview, the facility failed to ensure 2 residents (#4 and #17) received the opportunity to receive the pneumonia vaccine, if desired.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 11/18/14 at 1:50 PM, review of resident #17's medical record revealed on 11/7/14, the resident elected to receive a pneumonia vaccine. Review of the medical record failed to reveal the administration of a pneumonia vaccine. On 11/18/14 at 1:50 PM, review of the medical record for resident #4, revealed a lack of documentation of administration of a pneumonia vaccine, and also lacked an information form informing the resident the immunization was available. On 11/18/14 at 2:00 PM, licensed staff H reported when a resident is admitted the facility gives him/her the consent form to receive a pneumonia 	F 334			

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F 334	<p>Continued From page 52</p> <p>vaccine. Staff H added, the facility then checks with the resident's physician to determine if one is needed. If the resident requires a pneumonia immunization, an appointment is made for the resident with the physician.</p> <p>On 11/18/2014 at 2:38: PM, administrative staff B reported the residents get the pneumonia vaccine from their personal physicians. Staff B added further resident # 4 would receive the vaccine at his/hers next doctor appointment. The staff verified the appointment unscheduled at that time.</p> <p>On 11/19/14 at 8:45 AM, administrative staff B verified the facility failed to ensure residents #4 and #17 received pneumonia immunizations.</p> <p>11/18/14 at 4:00 PM, administrative staff J, verified the facility failed to ensure residents #4 and #17 received pneumonia immunizations.</p> <p>The undated facility policy for adult vaccination requirements/recommendations documented: The facility will ensure recommended immunizations (as applicable) are offered or available to all facility residents and employees and that documentation of such immunizations are maintained.</p> <p>The facility failed to ensure these 2 residents were provided the opportunity to receive the pneumonia vaccine, if desired.</p>	F 334			
F 363 SS=F	<p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED</p> <p>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National</p>	F 363			

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F 363	<p>Continued From page 53</p> <p>Academy of Sciences; be prepared in advance; and be followed.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 26 residents. The facility identified one resident, as NPO (nothing by mouth), indicating 25 residents consumed meals from the dietary department. Based on observation, interview, and record review, the facility failed to follow the planned menus, to meet the nutritional needs of the residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 11/12/14 at 9:30 AM interview with dietary staff member C reported the facility used a liberalized diet menu for all the residents of the facility. Additionally, the staff reported the facility provided an open dining concept for the breakfast and lunch time meals, from 7-9 AM and 11 AM to 1 PM. Staff C reported the residents are provided a menu to order from, which included breakfast items, hamburgers, chicken strips, chicken fried steaks, onion rings, french fries, mashed potatoes and gravy, green beans, lettuce or chef salads, cottage cheese, etc. The staff reported the residents are loving the choices and most days the staff do not even need to cook the planned meals, because everyone orders from the provided menu. The staff reported this started for breakfast around June, 2014 and lunches started in late September, 2014. <p>Observation of the lunch served, on 11/12/14 at 12:00 PM identified the staff served plates of burgers and fries and/or onion rings, chicken strips with fries or mashed potatoes and gravy, as well as chicken fried steaks with mashed</p>	F 363			

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F 363	<p>Continued From page 54</p> <p>potatoes and gravy. Review of the planned meal of spaghetti bake with marinara sauce, broccoli and garlic bread was not served to any resident, including those unable to make choices.</p> <p>Observation, on 11/13/14 at 10:30 AM, identified direct care staff M, inquiring of an unsampled resident regarding their lunch order. When the resident asked the staff what was available the staff began reading from the menu, however, failed to offer or explain about the planned menu (daily special).</p> <p>On 11/13/14 at 11:40 AM, dietary staff C reported the residents who come out to the dining room for breakfast are asked about their meal selection by the dietary and CNA (certified nurse aide) staff. The "daily special" (identified as the planned menu item) is noted at the top of the menu (although it is not specified what the special includes) and the residents who were able to make choices and fill out their menu, do so. Those unable to fill out the menu or make choices are provided with whatever the dietary staff are preparing from the menu. Observation of Staff C, at that time, prepared chicken strips and chicken fried steaks reported the daily special was not prepared today, due to no residents ordered the special. The staff reported that if a resident chose the daily special then it would be prepared for them.</p> <p>On 11/13/14 at 11:45 AM, direct care staff M reported the residents are asked at breakfast about their menu selections and indicated the residents are offered the menu items or the daily special. The staff indicated the residents know what the daily special is, because it is posted each month, in their rooms. On 11/13/14 from 11:40 AM to 11:50 AM, numerous rooms were</p>	F 363			

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F 363	<p>Continued From page 55 observed without any planned menus posted.</p> <p>On 11/13/14 at 11:53 AM resident # 17 reported they receive a menu daily regarding their menu choices for breakfast and lunch. The resident reported they always eat in their room and their daily choices, for lunch included chicken strips, hamburgers, chicken fried steaks, fries, potatoes and gravy or baked potatoes, green beans, corn, etc, however he/she lacked awareness of a daily special option. The resident then stated that for supper there are not any choices, they just send the resident what they make.</p> <p>On 11/13/14 at 11:55 AM resident # 29 received chicken strips, onion rings, and a dish of peach cobbler. The resident stated, they send me the same thing every day, they know how picky I am. We don't have a choice on the dessert, they just send what they make. The planned dessert for the day was black forest cake, per the daily spreadsheet.</p> <p>The facility failed to follow and provide the residents the option of selecting the daily planned menu, to meet the nutritional needs of the 26 residents of the facility.</p>	F 363			
F 364 SS=D	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 26 residents. The facility reported only 1 resident (#13)</p>	F 364			

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F 364	<p>Continued From page 56</p> <p>received a pureed diet. Based on observation and interview, the facility failed to ensure this resident received a palatable, pureed diet, as planned.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident #13 on 11/17/14 at 12:00 PM received a pureed meal consisting of green beans, mashed potatoes with gravy and a chicken fried steak. The chicken fried steak, served in a divided dish, appeared as a white semi-liquid with grayish colored lumps, ranging in size from 0.5 cm (centimeter) to 0.75 cm lumps. Additionally, the green beans and the entrée filled the divided section of the dish and failed to hold any form to the food. <p>On 11/19/14 at 8:30 AM, dietary staff U reported the vegetables are pureed with the juice from the veggies and if the vegetable puree needed thickening he/she would use the thickener to make it hold form. The staff further indicated that staff should puree the meats with gravy to a smooth the food to a non-lumpy texture.</p> <p>On 11/19/14 at 8:50 AM, dietary staff C reported the pureed foods should not be lumpy and needed to not be too thick for the resident to swallow, but also not be too runny. The staff reported the texture should be the consistency of baby food.</p> <p>The facility failed to provide a palatable and appealing pureed diet to this resident.</p>	F 364			
F 371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or</p>	F 371			

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F 371	<p>Continued From page 57</p> <p>considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 26 residents. Based on observation, interview, and record review the facility failed to prepare, serve, and store foods under sanitary conditions for the 25 residents of the facility receiving foods from the kitchen and in the dining room.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The following concerns were identified during initial tour on 11/12/14 at 8:45 AM: <ol style="list-style-type: none"> 1. A dishwasher rack of clean coffee cups, stored under the handwashing sink, lacked a cover to maintain cleanliness of the cups. Some of the cups were inverted in storage allowing for drops of water from the handwashing sink area to accumulate and contaminate the cups. 2. The caulking at the back of the handwashing sink, evidenced a black substance measuring approximately 12 inches in length. 3. The reach-in refrigerator, labeled #1, exhibited areas of various colored spots to the outside edge, front, and sides of the refrigerator. Additionally, various sized and colored soilage was noted to the bottom shelf of the refrigerator unit. Items stored inside the refrigerator included: <ul style="list-style-type: none"> a. Two bowls of an unknown brown lumpy 	F 371			

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F 371	<p>Continued From page 58</p> <p>substance, undated and unlabeled.</p> <p>b. A glass of amber colored liquid, labeled "Carol," undated.</p> <p>c. A large metal pot with a lid containing noodles and a white meat, unlabeled and undated.</p> <p>d. A bag of lettuce, undated or labeled.</p> <p>e. A bag of sliced white meat, undated or labeled.</p> <p>Signage posted on the door of the refrigerator instructed for all food items to be dated and labeled.</p> <p>4. A rack holding bottles of spices, next to the refrigerator held approximately 27 containers of various spices. The bottles exhibited a gritty substance to a majority of the containers, and additionally the containers lacked closure of the sprinkle and pour sections of the containers.</p> <p>5. The painted shelving in the dry storage area of the kitchen exhibited a dusty and gritty material to the shelving units. Additionally, some of the shelving evidenced scraped areas of the wood with portions of the paint missing, creating a surface not easily sanitized.</p> <p>On 11/18/14 at 1:45 PM observation with dietary staff C concurred the above mentioned areas as a concern with attention needed. Furthermore, during sanitation tour, at that time, staff C concurred the following items in need of cleaning or repair:</p> <p>1. Two movable dish storage racks, exhibited peeling paint from the corners of the units and the base surfaces exhibited a gritty, grimy, debris to the units.</p> <p>2. The convection oven exhibited heavy burnt on</p>	F 371			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2014
NAME OF PROVIDER OR SUPPLIER ARMA CARE CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 605 EAST MELVIN ST PO BOX 789 ARMA, KS 66712		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 371	Continued From page 59 debris to the outer and the inner cooking surfaces. 3. The back-splash of the cook stove, behind the burners, exhibited heavy black burnt debris. 4. The vent system evidenced loose hanging debris from the vents near the front of the unit, located directly over the cooking areas. Review of the dietary notes, from November, 2013 to October, 2014 lacked identification of needed cleaning issues. The facility policy for Sanitation, dated 12/08, instructed that all shelves and equipment equipment should be kept clean, maintained in good repair and free from corrosions, and the food service areas would be kept in a clean and sanitary manner. The facility failed to store, serve and prepare foods in a sanitary manner to prevent the potential for foodborne illness for the residents of the facility.	F 371			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation,	F 441			

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F 441	<p>Continued From page 60</p> <p>should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 26 residents, with 12 residents sampled. Based on observation, interview, and record review, the facility failed to follow practices to prevent the spread of infection for one resident # 31.</p> <p>Findings included:</p> <p>- Observation, on 11/12/14 at 3:24 PM , direct care staff M and L performed check and change and repositioning for resident #31. The resident observed lying in bed with bed booties on and wearing an incontinent disposable brief. Staff placed a repositioning sheet under the resident</p>	F 441			

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F 441	<p>Continued From page 61</p> <p>while the resident assisted by holding to the grab bars during rolling. The resident observed passing a BM (bowel movement) and staff allowed the resident to finish before cleaning him/her up. After cleaning the BM from the resident, direct care staff L used the same gloved hands to place barrier cream on his/her buttocks and to place a clean brief under the resident. Staff L rolled the resident to staff M. Staff L encouraged the resident to hold the same gloved hand used for incontinent care. Staff L wiped the front of the resident's perineal area, then fastened the disposable brief, and attached the personal body alarm to the resident's clothing, without changing gloves or washing his/her hands. Direct care staff M, then removed his/her soiled gloves. Direct care staff L, with same gloved hands repositioned the resident to the window, bagged the soiled items and then washed his/her hands. .</p> <p>Further observation, on 11/18/14 8:40 AM, with resident # 31 revealed direct care S and K assisted the resident with check and changing his/her disposable incontinent brief. Observation revealed staff K performed 1 handed perineal care, with the resident passing BM. Staff K observed to use the same gloved hand used to clean the perineum and BM to place a clean brief, straighten the resident's gown, with the resident grasping at the staff's gloved hand, as staff K was performing cares.</p> <p>On 11/18/14 at 1:55 PM, administrative nursing staff B reported the facility does monthly in-services and reviews handwashing every month.</p> <p>The facility October 2010 policy for hand hygiene and using gloves documented: hand hygiene is</p>	F 441			

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F 441	Continued From page 62 the primary means of preventing the transmission of infection. Consistent use by staff of proper hygienic practices and techniques is critical to preventing the spread of infections. Handwashing before and after assisting a resident with personal care. The guide to the use of gloves used to prevent the spread of infection, when providing treatment to the patient and when cleaning contaminated surfaces. The facility failed to provide proper handwashing during direct care for this resident on 2 different days to prevent cross contamination and the spread of infection.	F 441			
F 465 SS=E	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This Requirement is not met as evidenced by: The facility reported a census of 26 residents. Based on observation and interview, the facility failed to maintain the kitchen floor in a clean and well maintained manner. Furthermore, the facility failed to ensure the cleanliness and maintenance of the exterior area of the building. Findings included: - Observation of the kitchen flooring, on 11/12/14 at 8:45 AM, identified numerous tiles broken and cracked, throughout the kitchen area. Additionally, observation identified the tile flooring dull and discolored throughout, with expanded gaps between the tiles, creating a not easily cleanable area. Additionally, the areas around	F 465			

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F 465	<p>Continued From page 63</p> <p>the baseboard and near the legs of the equipment, exhibited additional build-up of discolored debris.</p> <p>Interview, on 11/18/14 at 1:45 PM, concurred the floor in need of replacement and repair and reported the flooring just would not clean up and look nice.</p> <p>The facility failed to maintain a clean and intact kitchen floor.</p> <p>- On 11/18/14 at 10:00 am the following areas were noted in need of maintenance services:</p> <p>On the west side of the building, between the fence surrounding the electrical area and building, was a picket fence approximately 4 foot long. The fence was broken and lacking paint.</p> <p>On the west side of the building outside, there is a wooden box covering an opening to the attic that is lacking paint.</p> <p>Housekeeping supervisor E advised he/she knows what these area are. He/she stated the wooden gate use to be used to store cardboard boxes behind until picked up by the trash company. The wooden square box was the cover to the kitchen attic area and stated it does need painted as it is lacking paint.</p> <p>The white vinyl fence in the west side of the building is covered with a black and green substance. The vinyl fencing on the front or east side of the building is missing 3 small caps that fit on top of the pickets.</p> <p>Outside the building was one green recliner and</p>	F 465			

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F 465	<p>Continued From page 64</p> <p>one maroon recliner. They were cloth and partially covered with plastic. Maintenance staff F advised that one of the recliners was dirty with food and such from the last resident that used it and the other was a prior residents chair and it had " mites " or something. The staff reported both the chairs needed cleaning.</p> <p>The facility failed to maintain areas of the exterior of the building in a homelike manner.</p>	F 465			